

MAY 9 1983

23

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date April 25, 1983 Application Number DHR 83-6		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Commissioner's Office Office of Regulatory Services Standards and Licensure 618 Ponce de Leon Avenue, N. E. Atlanta, Georgia 30308		ARCHIVES AND HISTORY Application Number 74-173-A Date Received APR 27 1983 Date Completed SEP 12 1983	
2. Person to Contact Clyde R. Roy, Director Effie Taylor		Working Title MAY 13 1983		Telephone Number 894-5137	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 74-173-A Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void - change retention to make uniform with retention periods for other files series in this unit					
4. Dates of Series Earliest Latest		5. Records Series Title (followed by title used in office; if different) Medicaid Medical Facility Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Included are: File is arranged:					
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____					
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|--------------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | 4 _____ years. |
| c. Federal law | _____ years. | ** f. Federal retention instructions | 3 _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

*records needed in event legal questions may arise

** see attached instructions - United States Department of Health, Education, & Welfare
State Operations Manual - Medicare - April, 1980

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy EXCEPT THAT: Files for years ending in 0 will be transferred to State Archives
☐ Transfer to State Archives for permanent retention. for Permanent Retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Cheryl C. Brown, Director</i> <i>Effie Taylor</i>	4-21-83	<i>Elizabeth W. Crank</i>	4/22/83
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		Elizabeth W. Crank, CRM-RMA State Records Committee (Signature)	Date
State Auditor/Designee	<i>Edward Weldon</i>	<i>Edward Weldon</i>	8-25-83
Secretary of State/Designee	<i>Edward Weldon</i>	<i>Edward Weldon</i>	8/22/83
Attorney General/Designee	<i>Edward Weldon</i>	<i>Edward Weldon</i>	

Archival Appraisal Statement
Georgia Department of Archives and History

Name of agency: DHR, Commissioner's Office, Office of Regulatory Services, Standards & Licensure
Series title: Medicaid Medical Facility Files
Inclusive dates: none given Cubic feet annual accumulation: 10 cu ft

Agency's recommended retention: Cut Off CY, hold in current files 1 year, then transfer to Records Center hold 3 years, Destroy, Except That: one cu ft each yr will be trans. to GDAH for continuing retention

Name of appraiser: *Harmon Smith* Date: *6-27-83*

Appraisal checklist. A yes answer indicates the series may have archival value. For each yes answer state (a) in what way and (b) to what extent the answer is yes.

Yes No

Evidential values:

- ☐ ☐ ☐ 1. Does the series authorize the conduct of the agency or one of its major programs?
- ☐ ☐ ☐ 2. Does the series prescribe the policies, regulations or procedures followed by the agency or one of its major programs?
- ☐ ☐ ☐ 3. Does the series reflect the degree of achievement of the goals of the agency or one of its major programs?
- ☐ ☐ ☐ 4. Does the series reflect the decision-making process that sets the direction of the agency or one of its major programs?
- ☐ ☐ ☐ 5. Does the series document the activities of an important agency official?
- ☐ ☐ ☐ 6. Does the series document a significant agency event or project?

Informational values:

- ☐ ☐ ☐ 7. Does the series give significant information about social, economic, political or other forces affecting a significant segment of the citizens?
- ☐ ☐ ☐ 8. Does the series document the nature and extent of a problem area faced by the citizens or show steps taken to arrive at solutions?
- ☐ ☐ ☐ 9. Does the series throw significant light on a trend or movement in the State?
- ☐ ☐ ☐ 10. Does the series give significant information about citizens who have had an impact on the State's history?
- ☐ ☐ ☐ 11. Does the series document a significant event?
- ☐ ☐ ☐ 12. Does the series contain the type information sought by Archives patrons?

General questions: Answer only if there is a yes answer above.

- ☐ ☐ ☐ 13. Is this series the best available source for this information?
- ☐ ☐ ☐ 14. Is the information contemporary and authoritative?

Appraiser's comment and recommendation. (Use reverse side if needed.)

See the attached memoranda.

RECORDS RETENTION SCHEDULE
APPLICATION EVALUATION CHECKLIST

Series Title: MEDICAID / MEDICAL FACILITIES
FILES

Agency: DHR

Schedule No.: 74-173-A

Date Approved: _____

The attached application is being returned to you for further consideration, in accordance with the comments outlined below. Please let us know if we may be of any assistance to you in completing this application.

Yes No

- ☒ ☐ 1. All items completed (in accordance with established policies and procedures) See memo to E. Crank, RMO
- ☐ ☒ 2. Samples attached
- ☒ ☐ 3. Compared with previous schedules for same organizational unit
- ☐ ☐ 4. Legal references cited, when applicable N/A
- ☒ ☐ 5. Federal retention requirements cited, when applicable
- ☒ ☐ 6. Administrative reference requirements/reference rate analyzed in terms of proposed retention requirements
- ☒ ☐ 7. Disposition provided for all copies (of series) covered by application including microfilm, computer printouts, etc.
- ☒ ☐ 8. Agency approval signatures
- ☒ ☐ 9. Is implementation of schedule feasible?
- ☒ ☐ 10. Estimated record volumes identified? See previous schedule

Comments: This application for amendment is to reduce total retention by 2 years, from 6 to 4 years. Federal retention instructions added as a result of memo to E. Crank, RMO (see attached).

Sampling to Archives will be discontinued, as amendment is currently providing.

Evaluation completed/corrected by: M. Hale Date: 5-16-83

State Records Center review by: _____ Date: _____

SAC Comments: OK! They have explained previous implementation RAC. I approve this change. Little impact.

Peter to J. Harmon -

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Commissioner Office of Regulatory Services 618 Ponce de Leon Avenue, N. E. Atlanta, Georgia 30308	ARCHIVES AND HISTORY	
Application Date November 21, 1979		Application Number 74-173-A	Date Received NOV 27 1979
Application Number DHR-46		Date Completed DEC 31 1979	
2. Person to Contact Mr. F. D. Massengill		Working Title Quality Assurance	Telephone Number 894-5137
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. - extend retention period to 6 years c. <input checked="" type="checkbox"/> Amend Application No. <u>74-173</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void			
4. Dates of Series Earliest _____ Latest _____		5. Records Series Title (<i>followed by title used in office, if different</i>) Medicaid Medical Facility Title XIX & Title VI (Civil Rights) Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? 			
7. Records Series Description This file contains the following documents (<i>include form numbers and titles, if any</i>): Attach samples of the file. Documents relating to: Included are: The file is arranged :			
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? How often are records referred to which are:			
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (<i>Specify</i>) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|----------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | 6 _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see attached letter, dated October 24, 1979, from Department of Health, Education, and Welfare - Region IV - Regional Standards and Certification State Letter No. 30-79.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) _____ 3 _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ 3 _____ year(s); then
- * ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

* except that the Records Center will transfer 1 cubic foot (random sampling of the file) each year to the State Archives.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Raymond J. Hereth LEB	11/26/79	Elizabeth W. Crank	11/21/79
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	12-29-79
		Secretary of State/Designee	12-21-79
		Attorney General/Designee	12-28-79



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REGION IV
101 MARIETTA TOWER
ATLANTA, GEORGIA 30323
October 24, 1979

HEALTH CARE FINANCING
ADMINISTRATION

SC-O-SUR

REGIONAL STANDARDS AND CERTIFICATION STATE LETTER NO. 30-79

SUBJECT: Retention of Survey and Certification Records by the State Agency

Reference: State Operations Manual Section 4800ff

Since the inception of the National Reporting by Exception Project in 1976, State agencies have retained the originals of the survey report forms in their respective State agency files. Normally, the State Operations Manual Section 4800ff applies to the retention of records in the State. The purpose of this letter is to supercede those instructions relative to new retention time periods.

Selected survey records should be retained in State files (either in the State agency files or State archives) for a minimum period of six (6) years. The records that should be retained include, but are not limited to the following:

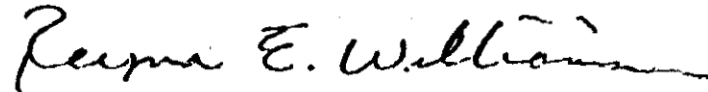
1. Survey Report Forms
2. Statement of Deficiencies and Plans of Correction
3. Follow-Up Visit Reports
4. Certification and Transmittal Forms
5. Applications
6. Form 1539a
7. Other records pertinent to the certification process.

Exception: Survey records of "access" hospitals should be retained until the hospital is removed from the "access" category, at which time the survey records may be destroyed six (6) years following the survey.

Records that should be permanently retained in the State agency files:

1. Current U.R. Plans
2. Intermediary Preference Form
3. Transfer Agreements
4. Floor Plans
5. Other records (at the discretion of the State agency - may include leases or corporation charters, etc.)

The State agency may periodically transfer records to the State archives in accordance with State policy. Any state policy or practice, however that requires a longer retention period than six (6) years is controlling. These instructions apply to all Title XVIII files and we also suggest that these instructions apply to Title XIX survey files.



Reyna E. Williamson, Director
Division of Survey and Certification
Bureau of Health Standards and Quality

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

233-17

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PAGE
1

1. Application Date May 29, 1974	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DPH-27		Date Received MAY 31 1974	Application No. 74-173
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources, Divn. of Physical Health Medical Facilities Licensure and Certification Unit 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30308		Date Completed JUN 18 1974	
		4. Person to Contact Raymond J. Hereth	
		5. Working Title Chief	6. Tel. No. 894-5137

7. ACTION REQUESTED *To Amend #44*

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED

8. Earliest & Latest Dates of Series Oct., 1967 to present	9. Exact Series Title MEDICAID MEDICAL FACILITY FILES - TITLE XIX & TITLE VI (CIVIL RIGHTS)
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10. What is the function of the office in which this record series is created?

The Division of Physical Health, headed by the Director, is responsible for the administration, direction and coordination of the Physical Health programs in the State. Included are the establishment of health standards for businesses, housing, field operations and hospitals throughout the State (Health Standards and Licensure); the improvement of the health of the residents of the State directed towards adults and children (Physical and Dental); the diagnosis and control of diseases (Disease Control); the supervision of construction and licensure of health facilities, along with the Cancer Assistance Program (Medical Care).

Medical Facilities Licensure and Certification Unit, through investigation, inspection, and evaluation, determine the adequacy of facilities and services in relation to requirements for the licensure and certification of hospitals, nursing homes, home health agencies, laboratories, portable X-ray services, and rehabilitative agencies for participation in Titles XVIII, XIX, and VI programs.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the licensing of hospitals and nursing homes in Georgia which participate in the Medical Assistance Program.

Included are applications for participation, correspondence, survey report forms, acceptance or denial of request, plans of correction of deficiencies, utilization review plans, transfer agreements, quarterly personnel reports - Title VI Clearance (Civil Rights) and reports of Civil Rights inspections.

The file is arranged alphabetically, by name of facility.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	6	9		4	6
Legal-size File Drawers			FLOOR SPACE OCCUPIED (Square Feet)	In Office	In Storage
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES	25	10
				0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series? [x] []
14. Is there a duplication of this series in another office or agency? [] [x]
15. Is the information contained in this series ever summarized or published? [] [x]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? [] [x]
17. Does the series initiate, amend or terminate agency policies and procedures? [x] []
18. Could the function be performed if the files were lost or destroyed? [x] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [] [x]
20. Does the record series provide data as input to an EDP file? [] [x]
21. Does the record series contain documentation produced as EDP printout? [] [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? [x] []
Public Law 90 - 248 Title XIX Social Security Act
23. Will there be a need for these records 10, 15 years from now? If yes, what? [] [x]

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. [] STATE LAW b. [] STATUTE OF LIMITATION c. [] AUDIT PERIOD * d. [x] FEDERAL LAW e. [] ADMINISTRATIVE DECISION f. [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

*Georgia Medical Assistance Plan and (Title 45 CFR 249.33 (a) (2) (v))
Raymond J. Hereth - under assumption that records may be handled same as State Records.
This amendment requested by Department of Archives and History.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ~~[x] CALENDAR YEAR~~ [] FISCAL YEAR [] OTHER _____, then:

Hold in current files area 3 years;
Transfer to State Records Center and hold 2 years;
Then Record Center will retire a sampling of 1 cubic feet to State Archives;
Destroy remainder of file.

(Indicate briefly rationale for recommendations above/or write additional remarks):

*Georgia Medical Assistance Plan and (Title 45 CFR 249.33 (a) (2) (v))

Records Management Officer (Signature)		Date	OTHER REQUIRED SIGNATURES		DATE
<i>William E. Lee</i>		5/30/74			
25. Recommendations in paragraph 25 are:	Agency Head/Designee	[] Approved [] Disapproved	<i>Raymond J. Hereth</i>		5/31/74
	State Auditor/Designee	[x] Approved [] Disapproved	<i>William M. Dife</i>		6-14-74
	Secretary of State/Designee	[x] Approved [] Disapproved	<i>Carroll Hart</i>		6-13-74
	Attorney General/Designee	[x] Approved [] Disapproved	<i>Robert H. Shell</i>		6-17-74

STATE RECORDS COMMITTEE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
REGION IV
50 7th Street, N. E., Room 250
Atlanta, Georgia 30323

Bureau of Health Insurance

Refer To:
SO-SA(Ga.):JT

April 7, 1972

Mr. Raymond J. Hereth
Program Management Officer
Certification and Licensure Branch
Georgia Department of Public Health
47 Trinity Avenue, S.W., Room 204
Atlanta, Georgia 30334

Dear Ray:

Our Central office has informed us that a decision has been reached concerning the disposition of health insurance provider file material. Written instructions concerning this action will be circulated within the next month or two.

However, since filing space in some of the states of the Atlanta Region has reached a crucial stage, we are using this method to inform you now of the details concerning the State agency files which were spelled out in the approved package.

Provider Certification Files

Documents relating to the survey and certification of suppliers and providers of service. Included are official certification and transmittal forms, survey report forms, utilization review plans, provider agreements, transfer agreements, plans of correction, civil rights compliance forms, intermediary designation and tie-in notices, certification letters, and various forms and correspondence used in the certification process with respect to individual facilities. (Excluded from this definition are surveyor's notes, rough copy survey report forms, and other workpapers which are merged into and superseded by a final product.)

a. State Agencies

Nonparticipating Facilities

- Destroy 2 years after termination, closure, withdrawal, or denial, as applicable; except documents pertaining to facilities for which no certification was ever completed, destroy 1 year after last certification, contact or correspondence.

Participating Facilities

- Retain a facility's current utilization review plan (hospitals and extended care facilities), transfer agreements (ECF's), and floor plan or physical plant layout. Destroy all other materials after 3 years for hospitals and home health agencies and after 2 years for all other facilities, but retain the material for the two most recent certification actions, in any event.

We appreciate the patience you have exhibited in this regard.

Sincerely yours,

Reyna E. Williamson

Reyna E. Williamson
Program Officer
States
Bureau of Health Insurance

The certification are made every year therefore the two most recent action would be available under the standard.

J. J. J.

1. Application Date 11-22-71		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE			
2. Agency Application No. GDPH - 8				Date Received DEC 7 1971		Application No. 44	
				Date Completed DEC 14 1971			
3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Public Health Licensure Service 47 Trinity Avenue, S.W. Atlanta, Georgia				4. Person to Contact Mr. Raymond J. Hereth			
				5. Working Title Program Management		6. Tel. No. 656-4685	
7. ACTION REQUESTED							
<input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; <input type="checkbox"/> RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; <input type="checkbox"/> NO FURTHER ACCUMULATION ANTICIPATED.							
8. Inclusive Dates October '67- Present		9. EXACT SERIES TITLE TITLE XIX + TITLE VI Medicaid Medical Facility Files- Title XIX & Title VI (Civil Rights)					
10. What function performed resulted in creation of this series Hospitals and Nursing Homes in Georgia apply for participation in the Medical Assistance Program, to provide medical services to welfare recipients. These facilities are surveyed to determine compliance with State and Federal regulations. They are either approved for or denied participation in the program on the basis of a recommendation made to the Medical Assistance Branch. If approved for participation, a contract is signed between the facility and the Medical Assistance Branch of GDPH. Annual visits are also made to hospitals, nursing and intermediate care homes to determine compliance with Title VI of the Civil Rights Act of 1964.							
11. DESCRIPTION OF SERIES - Include Form No. & Form Title, if any This file series consists of applications for participation, correspondence, survey report forms, acceptance or denial of request, plans of correction of deficiencies, utilization review plans, transfer agreements, quarterly personnel reports - Title VI clearance (Civil Rights) and reports of Civil Rights inspections. This series is filed alphabetically, by type of facility.							
12.							
EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION		No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers		6	9	FLOOR SPACE OCCUPIED (Square Feet)		4	6
Legal-size File Drawers				By Annual Accumulation		This Year's	Last Year's
				AVERAGE DAILY REFERENCES		25	10
						0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ YES ☐ NO
14. Is there a duplication of this series in another office or agency? ☐ YES ☒ NO
15. Is the information contained in this series ever summarized or published? ☐ YES ☒ NO
16. Does the series contain classified information requiring security handling? ☐ YES ☒ NO
17. Does the series document policies and procedures of agency's operation or function? ☒ YES ☐ NO
18. Could the function be performed if the files were lost or destroyed? ☒ YES ☐ NO
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ YES ☒ NO
20. Does the record series provide data as input to an EDP file? ☐ YES ☒ NO
21. Does the record series contain documentation produced as EDP printout? ☐ YES ☒ NO
22. Is the series affected by Federal or grant funds? ☒ YES ☐ NO
- Public Law 90 - 248 Title XIX Social Security Act
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ YES ☒ NO

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
- (Cite Law, Statute, or other reason for the retention requirement)

*Georgia Medical Assistance Plan and (Title 45 CFR 249.33 (a) (2) (v))
Mr. Raymond J. Hereth - Under assumption that records may be handled same as State Records

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER, then:

A. ☐ Destroy immediately after cut off.

B. ☐ Hold in current files area month(s) / 3 year(s), then:

1 ☐ Destroy.

2 ☒ Transfer to records center; hold 2 year(s), then:

a ☒ Destroy.

b ☐ Transfer historical material to Archives; destroy remainder.

3 ☐ Destroy after audit (or year(s) after audit).

C. ☐ Hold in current files area indefinitely.

D. ☐ Hold in current files area year(s), then transfer to Archives permanently.

E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

*Georgia Medical Assistance Plan and (Title 45 CFR 249.33 (a) (2) (v))

(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)

26. Inventory taken by Raymond J. Hereth	Recommendations prepared by <i>Raymond J. Hereth</i>	Approved for Division Date <i>John H. Venable</i> 17 Nov 71	Records Management Officer Date <i>Donna B. 27 Nov 11-22-71</i>
Recommendations in Paragraph 25 are:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Head of Agency <i>John H. Venable, M.D.</i>	Date
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director, Archives & History <i>Carroll Hart</i>	Date 12-6-71
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Secretary of State <i>Brown. Fortson</i>	Date 12-13-71
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Governor of Georgia <i>Jimmy Carter</i>	Date 12-13-71